



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

103 South Main Street

Waterbury, VT 05671-2306

<http://www.dail.vermont.gov>

Voice/TTY (802) 871-3317

To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

December 28, 2015

Ms. Kristine Kupcha, Administrator
Copley House Community Care Home
379 Washington Highway
Morrisville, VT 05661-8968

Dear Ms. Kupcha:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 24, 2015**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief



DEC 23 2015

PRINTED: 12/10/2015
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0139	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/24/2015
NAME OF PROVIDER OR SUPPLIER COPLEY HOUSE COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 379 WASHINGTON HIGHWAY MORRISVILLE, VT 05661		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensing survey and complaint investigation was conducted by the Division of Licensing and Protection on 11/23 - 11/24/15. The following are regulatory findings. R128 V. RESIDENT CARE AND HOME SERVICES SS=D 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that all medications were consistent with the physician's orders for 1 of 5 residents sampled (Resident #5). Findings include: Per record review on 11/24/15, Resident #5 has an order on the Medication Administration Record (MAR) that reads "Lorazepam 2 mg. PRN for agitation, max 5 doses 10 mg/day". This order reads back on the previous MARs for many months. Per review of the MD orders, the only order on file was for "Lorazepam 2 mg. 1x per day/agitation". The resident has received this PRN occasionally, however not more than once daily. Per interview on 11/24/15 at 10:45 AM, the Registered Nurse confirmed that there was no order found from an MD for the 5x daily/ 10 mg. limit that was written on the MAR, and the only current order for this was the once daily administration as needed order.	R100 R128	The MAR has been corrected to reflect the current order. The nurse will compare the new MAR to the doctor's order. The new MAR will be signed and dated by the nurse signifying that the appropriate checks were made. R128 PDC accepted 12/28/15 KCampbell/Pme	

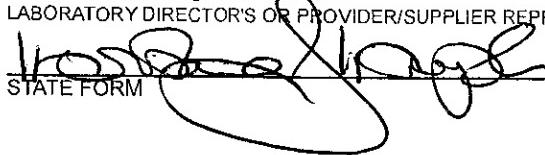
Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

(X6) DATE


Clinical Coordinator/Manager 12/21

6899

UHJP11

If continuation sheet 1 of 8



Division of Licensing and Protection

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R136	Continued From page 1 R136 V. RESIDENT CARE AND HOME SERVICES SS=A 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that a reassessment was completed annually for 1 of 5 residents sampled (Resident # 5). Findings include: Per record review on 11/23/15, Resident #5 had a resident assessment completed last on 8/8/14, and so was due for the next annual in August of 2015. Per interview on 11/23/15 at 3:00 PM, the Home Manager confirmed that this was the last assessment completed for Resident #5, and that it was overdue.	R136	<i>Chart audits have been done and all resident assessments are current and are in place.</i> <i>Med. Specialist will review file with schedule due dates and alert the nurse so assessments become due.</i>	
R167 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN	R167	R136 POC accepted 12/28/15 KCampes RN/PNC	

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R167	<p>Continued From page 2</p> <p>medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview, the home failed to ensure that there was a written plan in place to guide unlicensed caregivers in the administration of "as needed" psychoactive medications for 3 of 3 applicable residents in the sample (Residents # 1, #3 and #5). Findings include:</p> <p>1. Per record review on 11/23/15, Resident #1 has a scheduled order for Lorazepam 2 mg. twice daily. Resident #1 also has a PRN (as needed) order for Lorazepam 2 mg. every 6 hours as needed for severe agitation/ insomnia. Per review of the record, there is no written plan in place that describes the specific behaviors targeted, the side effects to be monitored, any time lapse needed between the scheduled and PRN doses, or any non-pharmacological interventions that may be effective for this person before resorting to administering the anti-anxiety medication.</p> <p>2. Per record review on 11/23/15, Resident #3 has a scheduled order for Lorazepam 0.5 mg. three times daily. Resident #3 also has a PRN (as needed) order for Lorazepam 0.5 mg. every 4 hours as needed for severe agitation/anxiety. Per review of the record, there is no written plan in place that describes the specific behaviors targeted, the side effects to be monitored, the</p>	R167	<p>All PRN psycho-active medications have a current written plan being updated by the nurse as orders are received or changed.</p> <p>The nurse will be responsible for and verify the completion of PRN protocol during the transition. Monthly new MAR Checks.</p> <p>There will be a record sheet in the front of the MAR dated and signed by the nurse indicating they have been received.</p> <p>R167 POC accepted 12/28/15 KCampbell/PAC</p>	

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R167	<p>Continued From page 3</p> <p>time lapse needed if any between the scheduled and PRN doses, or any non-pharmacological interventions that may be effective for this person before resorting to administering the anti-anxiety medication.</p> <p>3. Per record review on 11/23/15, daily. Resident #5 has a PRN (as needed) order for Lorazepam 2 mg. once daily as needed for agitation. Per review of the record, there is no written plan in place that describes the specific behaviors targeted, the side effects to be monitored, or any non-pharmacological interventions that may be effective for this person before resorting to administering the anti-anxiety medication.</p> <p>Per interview on 11/23/15 at 2:40 PM, the Registered Nurse confirmed that there were no written plans for the use of PRN psychoactive medications to guide unlicensed staff in proper administration for the above three residents.</p>	R167		
R172 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.h All medicines and chemicals used in the home must be labeled in accordance with currently accepted professional standards of practice. Medication shall be used only for the resident identified on the pharmacy label.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to ensure that all medications are labeled with expiration dates for one resident sampled (Resident #4). Findings include:</p>	R172	<p>The violisper has been dated. Staff have been educated to the requirement.</p> <p>This has been added to the Copley House medication pass procedure.</p>	

R172 PDC accepted 11/28/15 KCampbell/mec

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R172	Continued From page 4 Per observation on 11/23/15, during medication administration, there was a Lantus Insulin pen in use for Resident # 4 that was not labeled as to the date it was opened. Per interview on 11/23/15 at 12:25 PM, the Registered Nurse confirmed that the insulin pen was not labeled to indicate when the 28 day recommended discard date would be.	R172		
R173 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h. (1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel shall have access to the keys This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to ensure that a refrigerator that stores medications was monitored for proper temperature controls. Findings include: Per observation on 11/24/15 at 2:30 PM, the medication refrigerator located in the nurse's station contained Lantus Insulin pens. The thermometer in the refrigerator read 29 degrees F. There was no log to indicate that anyone was regularly monitoring the temperatures. Per interview on 11/24/15 at 2:40 PM, the home's Manager and the Registered Nurse confirmed	R173	<i>The refrigerator temperature has been checked. A record sheet has been hung by the refrigerator stating/recording the date, time, temperature and or initial of staff checking the temperature every day.</i>	

R173 POC accepted 12/28/15 KCampesRM/Pme

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R173	Continued From page 5 that there was no regular monitoring of the medication refrigerator for appropriate temperatures. Medications can be compromised if stored below or above recommended storage temperatures.	R173		